

<b>Case Number:</b>	CM15-0039310		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	05/10/2004
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 50 year old male, who sustained an industrial injury on 5/10/2004. He reports a heavy steel door fell onto his head causing head, neck, shoulder and bilateral arm pain to the elbows. Diagnoses include chronic cervicgia, headache, status post cervical fusion syndrome, bilateral upper extremities radicular pain and recurrent myofascial strain. There are associated diagnoses of depression and insomnia. Treatments to date include cervical fusion, physical therapy, injections and medications management. A progress note from the treating provider dated 1/6/2015 indicates the injured worker reported neck pain, headaches and bilateral shoulder and arm pain. The injured worker states the injections did not improve the pain. The pain score was noted as 8/10 without medications and 2-3/10 with medications. There were objective findings of tenderness to the occipital / cervical paraspinal muscles and non dermatomal decreased sensation of the upper extremities. The CURES report and UDS was noted to be consistent. The medications listed are Methadone, Lexapro, Dilaudid, Ativan and Lunesta. A Utilization Review determination was rendered recommending non certification for Lunesta 3mg #30, Dilaudid 4 mg #120 and Ativan 1mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Lunesta 3mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Chronic Pain Chapter, Insomnia Treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Mental Illness and Stress.

**Decision rationale:** The CA MTUS and the ODG guidelines recommended that sedatives and hypnotics can be utilized for short term treatment of insomnia pending completed evaluation of the causes of the sleep disturbance. The chronic use of sleep medications can lead to the development of tolerance, dependency, addiction, daytime somnolence, sedation and adverse interaction with opioids and sedative medications. The records indicate that the patient had utilized Lunesta for more than the guidelines recommend maximum period of 4 to 6 weeks. There is no documentation of a comprehensive evaluation of the insomnia to identify correctable causes. The patient is utilizing high dose opioids and other sedative medications concurrently. The criteria for the use of Lunesta 3mg #30 were not met.

**Dilaudid 4mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids Mental Illness and Stress.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain. The chronic use of high dose opioids can lead to the development of tolerance, dependency, opioid induced hyperalgesia, sedation, addiction and adverse interaction with other sedatives. The guidelines recommend that chronic pain patients with significant psychosomatic symptoms be treated with co-analgesic anticonvulsant and antidepressant agents with analgesic and mood stabilizing effects. The recent records indicate that the insomnia, depression and pain were significantly worse despite utilization of high dose opioids indicating a possible hyperalgesic state. The patient is utilizing high dose opioids and multiple sedative medications concurrently. The guidelines does not support the routine use of daily high doses of short acting opioids because of poor quality of pain relief compared to extended release formulations. Low maintenance dosage of short acting opioids can be utilized for breakthrough pain. The criteria for the use of Dilaudid 4mg #120 were not met.

**Ativan 1mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 28, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that the use of anxiolytics for the symptomatic treatment of anxiety be limited to short term periods of 4 to 6 weeks pending complete evaluation and of the patient for targeted treatment program. The chronic use of anxiolytic medications is associated with the rapid development of tolerance, dependency, addiction, daytime somnolence, memory loss and adverse interaction with opioids and sedative medications. The records indicate that the patient had utilized Ativan longer than the guidelines recommended maximum periods. The subjective complaint of pain, anxiety, depression and insomnia was noted to be progressively worse despite medication treatment. There is no documentation of non medication treatments such as cognitive behavior therapy in this patient that was noted to exhibit non dermatomal sensory loss and limited objective findings indicative of associated psychosomatic disorder. There is a past history of memory loss and non participation in post operative physical therapy program. The guidelines recommend that antidepressant medications with anxiolytic and analgesic actions be utilized for maintenance treatment of chronic pain patients with co-existing anxiety disorder. The criteria for the chronic use of Ativan 1mg # 30 were not met.